

## **Step-by-Step Instructional Guide for Hospital Presumptive Eligibility**

**Updated: July 7, 2016**

If an individual does not already have TennCare Medicaid, qualified hospitals can help him or her apply for Hospital Presumptive Eligibility (PE). This guide explains Hospital PE in nine simple steps:

- Step 1:** Check for TennCare Enrollment
- Step 2:** Fill Out the Application Form
- Step 3:** Complete the Hospital PE Worksheet
- Step 4:** Determine Eligibility for Hospital PE
- Step 5:** Issue Hospital PE Notice
- Step 6:** Mail Marketplace Application
- Step 7:** Enter Data Into TennCare Online Services (Formerly Known as TN Anytime)
- Step 8:** File and Maintain Hospital PE Records
- Step 9:** Confirm Enrollment in TennCare Online Services

Staff of qualified entities (those facilities that may determine Hospital PE) should use this guide along with the Hospital PE Worksheet to make PE determinations. For more information about the Hospital PE process, visit <http://www.tn.gov/tenncare/section/providers>.

For more information about general TennCare Medicaid policy, visit <http://www.tn.gov/tenncare/topic/eligibility-policy>.

Specific questions regarding the policies and procedures of the Hospital PE process may be directed to [HospitalPE.TennCare@tn.gov](mailto:HospitalPE.TennCare@tn.gov).

### **Step 1: Check for TennCare Enrollment**

Verify first whether the applicant already has TennCare coverage by checking TennCare Online Services or other means. The Hospital PE system will reject an application if the individual is currently enrolled in TennCare Medicaid.

**Note:** An individual in TennCare Online Services is enrolled in TennCare if he or she has an open eligibility span with benefit plan Title 19 Medicaid, Immediate Eligibility, Presumptive Eligibility, Supplemental Security Income, or TennCare Standard. If any other benefit plan displays, then the individual is not enrolled in TennCare and is therefore not precluded from eligibility for Hospital PE based on current eligibility status. However, the applicant will need to meet other requirements to enroll via Hospital PE.

Health care providers typically verify TennCare eligibility using the TennCare Online Services system. This system requires the patient's SSN in order to perform the eligibility lookup. Additionally, providers have several other options. First, those providers that use Emdeon, Passport, or similar vendors are often able to look up patients using name and date of birth.

Second, providers can look up eligibility for United Healthcare members through either Optum Cloud or their RV e-services website using only the individual's name and DOB without needing an SSN. Similarly, providers can do a name lookup using the BlueCross BlueShield of Tennessee portal. AmeriGroup does not allow for name lookups on its portal but allows providers to call its Customer Service Line at 1-800-454-3730 for assistance.

## **Step 2: Fill Out the Application Form**

Help the applicant complete the Hospital PE Cover Sheet and the **ENTIRE** Marketplace Application. For instructions about the Marketplace Application, visit <https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family-instructions.pdf>.

Make sure the applicant signs and dates the Hospital PE Cover Sheet and the Marketplace Application. Also, you as the hospital employee must sign and date the Hospital PE Cover Sheet.

**Note:** If Hospital PE enrollees do not submit **COMPLETE** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **COMPLETE** Marketplace Applications.

## **Step 3: Complete the Hospital PE Worksheet**

Using the information on the Marketplace Application, complete the Hospital PE Worksheet. Complete a separate Worksheet for each applicant listed on the Marketplace Application. Do **not** request any proof or verifications from the applicant.

Also, note the following for each question on the Hospital PE Worksheet:

### **Worksheet Question #1: Does the applicant live in Tennessee?**

Check whether the applicant listed a Tennessee address in Step 1 on p. 1 of the Marketplace Application. If so, answer "yes" on the Hospital PE Worksheet. Also answer "yes" if the applicant does not report a specific address (e.g., because he or she is homeless) – but the applicant is physically present in Tennessee and says he or she intends to remain here. Otherwise, answer "no."

### **Worksheet Question #2: Is the applicant a U.S. citizen or an eligible immigrant?**

Check whether the applicant is Person 1 on the Marketplace Application and answered "yes" to either questions #11, 12, or 13 on Step 2 on p. 2. (If the applicant is Person 2+ on the Marketplace Application, check his or her answers to questions #12, 13, or 14 on p.4.) If the applicant replied "yes" to any of these questions, answer "yes" to Question #2 on the Worksheet. Otherwise, answer "no."

We understand that the federal rules around immigrant eligibility are complicated. The following table may help applicants understand the question:

Answer "YES" to having eligible immigration status if applicant is a:	Answer "No" if applicant is a:
<ul style="list-style-type: none"> <li>• <b>Lawful permanent resident</b> or "LPR" (i.e., person with a green card) who has been in that qualifying non-citizen status for <b>5 years or more</b>;</li> <li>• Abused immigrant with a VAWA petition* who has held qualifying status for <b>5 years or more</b>;</li> <li>• <b>Immigrant who is a veteran or active duty military</b> (or spouse, un-remarried surviving spouse, or child of such an immigrant)**; or</li> <li>• <b>Humanitarian immigrant</b>, which includes***: <ul style="list-style-type: none"> <li>➢ Refugees and asylees;</li> <li>➢ Amerasian immigrants;</li> <li>➢ Cuban or Haitian entrants;</li> <li>➢ Iraqi or Afghan special status immigrants;</li> <li>➢ Victims of a severe form of trafficking (with a "T" visa); and</li> <li>➢ Immigrants whose deportation is being withheld.</li> </ul> </li> <li>• Immigrant paroled into the U.S for at least one year who has been in the U.S. for 5 years or more;</li> <li>• Immigrant granted conditional entry prior to 4/1/1980;</li> </ul>	<ul style="list-style-type: none"> <li>• Undocumented immigrant;</li> <li>• Lawful permanent resident who has been in the U.S. for <u>less than</u> 5 years and who is neither a veteran nor a humanitarian immigrant;</li> <li>• Abused immigrant with a VAWA petition* who has held qualifying status for less than 5 years;</li> <li>• Immigrant paroled into the U.S. for at least one year and who has been in the U.S. for less than 5 years;</li> <li>• Non-immigrant or non-resident alien (temporary residents); or</li> <li>• Other type of immigrant not listed in the column to the left.</li> </ul> <p><b>Note:</b> An unborn child may still be eligible for CoverKids if a pregnant woman answers "No" here. See the footnote to FAQ #58.</p>

\*An abused immigrant with a VAWA petition, his/her child(ren), and his/her parent(s) are subject to a five-year waiting period from the date they received the qualifying status.

\*\*In order for an immigrant veteran/active duty military member to qualify for Medicaid, he or she must be in any qualified alien status, including an LPR. Qualified alien veterans/active duty military members are eligible without a 5-year waiting period.

\*\*\*Any humanitarian immigrant who subsequently becomes an LPR is not subject to a 5-year waiting period.

### **Worksheet Question #3: Is the applicant a former foster child under age 26, pregnant woman, child under age 19, or parent/caretaker relative?**

Check the questions below to see whether the applicant falls into one or more eligibility groups described in the table below. Answer "yes" to question #3 on the Hospital PE Worksheet if the applicant meets at least one of these definitions. Otherwise, answer "no."

To review applicant for this category...	...check here on the Marketplace Application if applicant is	
	Person 1:	Person 2:
<b>a) Former Foster Care</b>  <i>An individual now under age 26 who was in foster care and enrolled in TennCare at age 18.</i>	P. 2, Step 2, question #18  <b>Also:</b> Check to see that applicant < age 26 (based on date of birth)	P. 4, Step 2, question #18  <b>Also:</b> Check to see that applicant < age 26 (based on date of birth)
<b>b) Pregnant Woman</b>	P. 2, Step 2, question #8	P. 4, Step 2, question #9
<b>c) Child &lt; 1</b>	P. 2, Step 2, question #4 about date of birth	P. 4, Step 2, question #4 about date of birth
<b>d) Child 1-5</b>		
<b>e) Child 6-18</b>		
<b>f) Parent/Caretaker Relative</b>  <i>An individual related to a dependent child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child's care. The child must be under 18 (or a full-time student if child is age 18).</i>	Also: Check to see that child is < age 18 (based on child's date of birth) or, if child is 18, whether child is a full-time student (p. 4, Step 2, question #20 if child is Person 2).	Also: Check to see that child is < age 18 (based on child's date of birth) or, if child is 18, whether child is a full-time student (p. 2, Step 2, question #17 if child is Person 1).

Write the applicant's eligibility group (if any) in the second row of the box at the top of the Hospital PE Worksheet. If the applicant may qualify for more than one eligibility group, choose the group listed first in the table above (e.g., choose pregnant woman over parent caretaker relative if an applicant meets the definition of both).

**Worksheet Question #4: Is the applicant's household income each month less than the limit for his or her respective eligibility category?**

Review household members on pp. 2 and 4 of the Marketplace Application. Add up all members of the nuclear family, including stepparents and stepchildren. If the applicant is pregnant, also count the unborn babies – but only when calculating the household size for the pregnant woman herself. Do not count the unborn babies in the household size of her spouse or anyone else in the household. This means that in some cases, different family members (pregnant women) may have different household sizes (than, for example a spouse or child). Write the household size in the second row of the box at the top of the Hospital PE Worksheet.

**Households:** For reference, the household includes the applicant and, if living with the applicant, the following individuals:

- The applicant's spouse;
- The applicant's natural, adopted, and step children under age 19 (or 21 if a full-time student);

- For applicants under age 19 (or 21 if a full-time student): the applicant's natural, adopted, or step parent; and
- For applicants under age 19, or 21 if a full-time student: the applicant's natural, adopted, and step siblings who are under age 19 (or 21 if a full-time student).

For example, a single 29-year-old woman who is pregnant with twins would be a household of three if she has no spouse or other children. If she were married and had two other minor children, then she would have a household of six (herself, her husband, her unborn twins, and her two other minor children), but the household size would be four for the husband and the two other minor children.

The same rules generally apply for mothers under age 19. In most cases, the household for the newborn would consist of the newborn, the minor mother, her spouse (if any), and any of her other children in the home. The newborn's household would not include any grandparents. Follow this approach when determining eligibility for Hospital PE.

For example, an unmarried, pregnant 17-year-old lives with her parents. The 17-year-old has no other children. When she gives birth, the newborn's household size would be two (the 17-year-old mother and the infant). The only income counted for the newborn's household would be the 17-year-old mother's. The grandparents would not be part of the newborn's household, and the grandparents' income would not be considered. Meanwhile, the 17-year-old's household would be four (including herself, her unborn child, and her parents).

***Monthly Income:*** On the Marketplace Application, the applicant should report the **before-tax** amounts of wages, salaries, and self-employed income received by adult household members. The applicant should also include unemployment, alimony received, Social Security retirement, and Social Security Disability Income (SSDI) for household members. Supplemental Security Income (SSI) and child support are excluded from the household's income.

For example, a 31-year-old divorced mother receives \$1,050 per month in alimony, and she nets \$1,400 per month in self-employed income as a nail technician. She also works part-time as a receptionist and earns \$400 each month before taxes in wages. In addition, she receives \$600 in child support for her eight-year-old son. Her countable income is \$2,850 (i.e., \$1,050 in alimony received + \$1,400 in self-employed income + \$400 in wages; the child support income is not countable).

Review all household income on pp. 3 and 5 of the Marketplace Application. Add up all the pre-tax income for everyone in the household (including stepparents). Remember, though: do not include either SSI payments or child support.

Hospital PE eligibility, like TennCare Medicaid and CoverKids eligibility, is determined based on monthly income. The applicant might provide amounts that are not monthly.

Use the online calculator at <http://tn.gov/tenncare/article/federal-poverty-level-converter> to convert income to a monthly amount. To manually convert to a monthly amount refer to the following guidance:

- If the applicant listed only weekly income amounts, multiply by 4.3 to convert to monthly amounts.
  - Example: Jane earns \$100 a week. Multiply \$100 by 4.3 to get a monthly income amount of \$430.
- If the applicant reported bi-weekly income amounts, multiply these by 2.15 to calculate monthly amounts.
  - Example: Jane earns \$200 every two weeks. Multiply \$200 by 2.15 to get a monthly income amount of \$430.
- If the applicant reported semi-monthly income amounts, multiply these by 2 to calculate monthly amounts.
  - Example: Jane earns \$230 once a month and \$200 once a month. Add \$230 and \$200 to get a monthly income amount of \$430.
- If the applicant reported yearly amounts, divide the number by 12 to calculate the monthly amounts.
  - Example: Jane earns \$5,160 a year. Divide \$5,160 by 12 to get a monthly income amount of \$430.
- If the applicant reported hourly amounts, multiply the hours worked per week by the hourly wage rate and then multiply that number by 4.3 to calculate monthly amounts.
  - Example: Jane earns \$10 an hour and works 10 hours a week. Multiply \$10 by 10 to get a weekly income amount of \$100. Multiply \$100 by 4.3 to get a monthly income amount of \$430.

Write the household's monthly income in the third row of the box at the top of the Hospital PE Worksheet.

Look at the table on the Hospital PE Worksheet with TennCare Income Limits. Find the dollar limit for the household size and eligibility group for this applicant. If the applicant's monthly household income is less than or equal than the applicable limit, answer "yes" to question #4 on the Hospital PE Worksheet. Otherwise, answer "no."



**Worksheet Question #5: Is this the applicant's first Hospital PE period in the past two years? Or, if the applicant is pregnant, is this the applicant's first Hospital PE period during the current pregnancy?**

An individual cannot have more than one Hospital PE period in two calendar years unless the individual is pregnant. The Hospital PE interface will reject an application if the non-pregnant applicant has received a Hospital PE period in the past two years. Answer "yes" to question #5 on the Hospital PE Worksheet if the Hospital PE interface allows for the application to be submitted. Otherwise, answer "no."

There is an exception for pregnant women: they can have one Hospital PE period per pregnancy (even if that exceeds one Hospital PE period in the past two calendar years). If you have a situation in which a pregnant woman is applying for Hospital PE and has had a period of Hospital PE in the past two calendar years, please email [HospitalPE.TennCare@tn.gov](mailto:HospitalPE.TennCare@tn.gov) for assistance.

**Step 4: Determine Eligibility for Hospital PE**

Use the Hospital PE Worksheet, make an eligibility determination. If you answered "yes" to all questions #1-5 on the Hospital PE Worksheet, check the approval box in the Hospital Employee Determination Section. Otherwise, check the denial box. Sign and date the Hospital PE Worksheet after you make a determination.

**Note:** If you approve Hospital PE eligibility for the applicant, the effective date of coverage is the date you make the determination and sign the Hospital PE Worksheet. For example: An applicant signs the Hospital PE Cover Sheet and Marketplace Application on January 3<sup>rd</sup>. The hospital employee signs the Marketplace Application, the Hospital PE Worksheet, and the Hospital PE Notice on January 5<sup>th</sup>. The applicant's Hospital PE period will begin on January 5<sup>th</sup>.

**Step 5: Issue Hospital PE Notice**

Complete the Hospital PE Notice, then sign and date it. Give the Notice to the applicant.

Remind approved applicants they are getting only **temporary** TennCare coverage. The Marketplace must receive the signed Marketplace Application in order to give the applicant ongoing coverage.

Also, remind denied applicants they can still apply again at [www.healthcare.gov](http://www.healthcare.gov) for TennCare and other programs.

**Step 6: Mail Marketplace Application**

If Hospital PE enrollees do not submit **COMPLETE** Marketplace applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an

affirmative obligation to help all Hospital PE enrollees to fill out and submit **COMPLETE** Marketplace applications.

Mail **all** signed Marketplace Applications to:

Health Insurance Marketplace  
Dept. of Health and Human Services  
465 Industrial Blvd.  
London, KY 40750-0001

**Note:** Even if you deny the applicant, mail the Marketplace Application to the above address. This ensures that the Marketplace will evaluate the applicant for all available programs rather than just TennCare.

If the applicant does not wish to submit a Marketplace application for ongoing coverage, the Hospital PE Affidavit for Failure to Submit Form must be reviewed and signed by both the applicant and the hospital employee assisting with the Hospital PE process.

### **Step 7: Enter Data into TennCare Online Services**

Enter data for approved applicants in the Hospital PE interface on TennCare Online Services as quickly as possible. Please see the User Guide for the TennCare Online Services Hospital PE Interface for more information about the questions on the Hospital PE application.

**Note:** You do **not** need to enter any information in the Hospital PE interface for denied applicants.

The Hospital PE interface on TennCare Online Services will require an FPL percentage to be entered for every applicant. You will have to calculate this percentage based on the applicant's household income. An FPL converter is available at <http://tn.gov/tenncare/article/federal-poverty-level-converter>. If the FPL converter is unavailable, manually calculate the percentage by following these steps:

- Divide the individual's monthly income by the FPL corresponding to the individual's household size.
  - For example: James, a child aged 15, applies for Medicaid with a monthly income of \$750. His household size is one. Divide \$750 by \$990. The result is 0.7575.
- Multiply the result by 100. James's example will give us this result: 0.7575 multiplied by 100 is 75.75. Round down to the nearest whole number. This gives us 75%. James's FPL percentage is 75%.



The table below displays the FPLs for household sizes through eight.

Household Size	Federal Poverty Level for 2016 (In Dollars)
1	\$990
2	\$1,335
3	\$1,680
4	\$2,025
5	\$2,370
6	\$2,715
7	\$3,061
8	\$3,408

### **Step 8: File and Maintain Hospital PE Records**

Place a copy of the Hospital PE Worksheet, Hospital PE Eligibility Notice, Hospital PE Cover Sheet, and Marketplace Application, Hospital PE Errata Sheet, and Hospital PE Affidavit for Failure to Submit Form in a paper or electronic file for each Hospital PE applicant. You must keep records for both approved and denied applicants. Maintain these files in a secure location for at least seven (7) years.

### **Step 9: Confirm Enrollment in TennCare Online Services**

The Hospital PE interface will display a confirmation pop-up box if it successfully transmits the information to TennCare.

Check TennCare Online Services to validate that all information for individuals approved for Hospital PE appears correctly in the system. Conduct this check within one to three business days after the transmission of Hospital PE eligibility data. If you find a data entry error, complete a Hospital PE Errata Sheet and fax it to TennCare Provider Services at (615) 734-5325.

The Hospital PE Errata Sheet allows hospitals to correct name misspellings or other keying errors they accidentally transmit to TennCare Online Services. When a hospital employee accidentally keys an error in TennCare Online Services and transmits the information to TennCare, fax the Hospital PE Errata Sheet to TennCare Provider Services at (615) 734-5325. However, hospitals may not use this process to change a Hospital PE enrollee's health plan; rather, Hospital PE enrollees must call the TennCare Solutions Unit at (800) 878-3192 to change health plans. Additionally, an effective date of Hospital PE can be corrected if the hospital employee keyed the wrong date of determination in TennCare Online Services – but a hospital cannot retroactively change the effective date to a date prior to the actual PE determination date. To request a change to the effective date, the hospital must also include with the Hospital PE Errata Sheet a copy of the Hospital PE Worksheet (which shows the actual date on which the hospital employee made the eligibility determination). Finally, a hospital cannot terminate a Hospital PE span.